

FILED NOV 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39587

STATE FILE NUMBER

Registration District No. 70

Primary Registration District No. 5277

Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant Township</u>		c. CITY OR TOWN <u>Farmington Ia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>236 1/2 Farm</u>	

3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>Peterie</u> Last <u>Peterie</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>15</u> Year <u>1957</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 5-1878</u>
9. AGE (In years last birthday) <u>79</u>		10. KIND OF BUSINESS OR INDUSTRY	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Frank Story</u>		14. MOTHER'S MAIDEN NAME <u>Lavina Daeglas</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>331X</u>	
17. INFORMANT <u>Mrs. Friend Barnes - Farmington Ia</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Exhaustion</u> DUE TO (b) <u>Heart</u> DUE TO (c) <u>stroke</u>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>11</u> a. m. <u>11</u> p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>Farmington Ia</u>		20f. COUNTY <u>Clark</u> STATE <u>Ia</u>	
21. I attended the deceased from <u>Nov 17</u> to <u>Nov 17</u> and last saw her alive on <u>Nov 17</u> Death occurred at <u>5</u> in on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ed. O'Brien M.D.</u>		22b. ADDRESS <u>Farmington Ia</u>	
22c. DATE SIGNED <u>11/15/57</u>		22d. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 17-1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Green Glade Co.</u>		23d. LOCATION (City, town, or county) <u>Farmington Ia</u>	
24. FUNERAL DIRECTOR <u>Otis L. Tuttle - Kahaha Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11/18-57</u>	
26. REGISTRAR'S SIGNATURE <u>J. B. Bridges</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chas. L. Lutting

Licensed Embalmer No. 296

P. O. Address Lehigh

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.